First Steps
Cost Participation Financial Deduction Worksheet

Child Name: _____

Child's Date of Birth: _____ **Child ID:** _____

Parent/Guardian: _____

Deductions

Medical Expenses: Out-of-pocket medical/healthcare expenses from the previous 12 months in which the family has not, nor will not been reimbursed

Personal Care Needs Expenses: Out-of-pocket expenses from the previous 12 months that are related to the health or medical needs, in which the family has not, nor will not be reimbursed

Deductions must be directly related to the health or medical condition of a family member. Expenses must be out of pocket expenses from the previous 12 months and those in which the family will not be reimbursed. Documentation of expenses must be present.

$_____ Heath Insurance Premiums

$_____ Insurance Co-Payments

$_____ Dental and Vision expenses

$_____ Hospital Expenses

$_____ Prescriptions

$_____ Nutritional Supplements as ordered by a physician

$_____ Durable Medical equipment/Assistive Technology/Adaptations

$_____ Specialized Clothing as required per medical condition

$_____ Specialized respite care or child care above that of a typical costs

$_____ Medical Transportation Costs

$_____ Other related Medical Costs: attach list

$_____ Other related Personal Care Needs Expenses relating to a medical condition: attach list

$_____ **TOTAL Deductions**

I have supplied accurate information and agree with the calculations above. Parent/Guardian:_____ Date_____
I have reviewed all documentation and agree with the calculations above. Intake/Service Coordinator: _____ Date_____

Cost Participation
Co-payment Form

Child's Name: _____

Child's Date of Birth: _____

Child's First Steps ID: _____

Parent/Guardian: _____

The family has chosen to fulfill their financial obligation for cost participation of First Steps services in the following manner:

Fee for service as listed below — Full Fee option

Access to private insurance ERISA (attach insurance consent form)

Access to private insurance Non-ERISA (attach insurance consent form)

SPOE USE ONLY

Based on income and expense information supplied by the parents and as documented on the combined enrollment form and financial deduction worksheet, the following cost participation amounts have been determined:

$_____ Co-pay/cost per service

$_____ Maximum monthly cost share

FULL FEE OPTION

I have chosen not to release my financial information, and therefore, will be billed a maximum of $36 per service up to $180 monthly, which is the maximum cost per service and monthly cost share amount.

Parent's signature — Date

Parent's signature — Date

Intake/Ongoing Service Coordinator — Date